A COMPARATIVE STUDY OF ANXIETY AND DEPRESSION AMONG CAREGIVERS OF PSYCHIATRIC AND MEDICAL PATIENTS

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Submitted: April 22, 2019
Accepted: September 11, 2019

ABSTRACT

OBJECTIVE
The present study was conducted to assess the depression and anxiety level among caregivers of medical and psychiatric patients admitted in public hospital of tertiary care.

STUDY DESIGN
The Ex-post Facto design was used to study the levels of anxiety and depression among caregivers of psychiatric and medical patients.

PLACE AND DURATION OF STUDY
This multi-centred study was conducted from April to October, 2018 in 19 Psychiatry outpatient clinics from all over Pakistan.

SUBJECTS AND METHODS
The Independent Sample t-test indicated significantly high levels of depression and anxiety among caregivers of psychiatric patients as compared with medical patients’ caregivers.

RESULTS
The Independent Sample t-test indicated significantly high levels of depression and anxiety among caregivers of psychiatric patients as compared to medical patients’ caregivers.

CONCLUSION
Current research findings are in line with previous studies reflecting the need to address the symptoms of anxiety and depression among caregivers specifically of psychiatric patients.

KEYWORDS
Depression, Anxiety, Caregiver, Patients, Psychiatric, Medical

INTRODUCTION

The caregiver is defined as a person who helps patient in illness (Brown, 2014)7. There are two types of caregivers, one is professional and the other is family caregivers. When a person is suffering from some illness, all aspects of his or her life for example emotional, physical, financial, and social, got affected. But it is not only the ill people who suffer but people connected to patient also got influenced with effects of illness (Given, 2001)7. The term “care-giver burden” reflects the stress faced by caregivers of patients because of the adversities and challenges of the process of caregiving (Bulse, 2008)7. The caregivers do face stress because the caregiving affects different aspects of caregivers’ life. It is related to the effects of provision of physical, emotional, mental, and financial support to the patient (Faravnik & Persko, 2002)7. The caregiver burden affects mental health of caregiver because of the stress associated with caregiving (Baven & Sternberg, 2012; Nuss, 1997)7. Family caregivers are integral partners in the provision of health care services and as compared to non-caregivers, caregivers frequently experience psychological and physiological effects that can lead to serious mental and physical illnes7. Research also indicate significant relationship between caregiver burden and impaired quality of life manifested through physical, psychological, and social problems7. There is a tendency to have depressive and anxiety symptoms among caregivers of mental and physical patients as a result of stress produced by caregiving burden. Anxiety and depression are among most common psychological problems (APA, 2013)7, and these problems lead towards poor quality of life. Anxiety is defined as subjective feelings of distress, apprehension; fear accompanied with avoidance and escape; and depression is sad mood with pessimistic thoughts, hopelessness, and number of biological symptoms. A high level of anxiety and depression in patients’ caregivers could be related to concerns about the future; coping with the situation; fear of loss and being alone, sole responsibility for children; and feelings of failure in helping patient. There is also a tendency to adopt physical problems such as heart diseases and poor immune functioning as result of care giver burden that may lead to anxiety and depression. These bio psychosocial factors of stress may lead to symptoms of anxiety and depression among caregivers. The literature review indicated higher levels of stress, care-giver burden and poor quality of life among care-givers of psychiatric patients as compared to medical patients’ caregivers (7). Current study aimed to assess and compare the levels of anxiety and depression among caregivers of medical and psychiatric admitted patients.

SUBJECTS AND METHODS

Participants
The sample of 50 caregivers in each group was selected through convenience sampling. Both groups are matched groups on basis of age and gender of caregivers and one caregiver of each patient was selected. The patients were
selected from in-patient facilities of psychiatric and medical wards of hospital. The inclusion criteria of caregivers was age 20 years and more, blood relative and/or spouse of patient, and providing caregiving at least for 2 years to the patient. The exclusion criteria are age less than 20 years, no blood relation with patient, and provision of caregiving less than 2 years.

**Instruments**

The Hospital and Anxiety Scale (HADS) was used to assess the intensity of depression and anxiety in sample. It was developed by Zigmond and Snaith and is commonly used to assess anxiety and depression. It is a fourteen items scale with maximum of 21 on each subscale.

**Procedure**

The sample of 50 caregivers of psychiatric and 50 caregivers of medical patients was collected from tertiary care hospitals of Lahore city. After taking consent, the sample was briefed about rationale of study and HADS was administered in exclusive setting. The results were analyzed by using independent sample t-test.

**RESULTS**

As both groups were matched on variables of age, gender, and socioeconomic status, so the details of demographics are same as both. In sample, majority of participants were from age group of 41-50 years of age whereas young adults in 20s and 50 plus were fewer than participants of age group 31-40. There was more representation of male gender. Majority participants in group of medical patients’ caregivers were educated up to matric whereas in other group majority patients were from middle and matric class. The representation of both socioeconomic classes was equal in both groups.

**Table 1**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Psychiatric patients’ caregivers</th>
<th>Medical patients’ caregivers</th>
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<tbody>
<tr>
<td>Age</td>
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<td>20-30</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
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<td>41-50</td>
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<tr>
<td></td>
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<td>Total</td>
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<tr>
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<tr>
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<tr>
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<tr>
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<td></td>
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<td>Total</td>
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<tr>
<td>Socioeconomic Status</td>
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<td>Lower</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
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<tr>
<td></td>
<td>Total</td>
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</tbody>
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**Table 2**

<table>
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<th>M</th>
<th>SD</th>
<th>t</th>
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<td>HADSDep</td>
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<td>9.5</td>
<td>2.6</td>
<td>1.6*</td>
</tr>
<tr>
<td></td>
<td>Medical</td>
<td>8.7</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>HADAAnx</td>
<td>Psychiatric</td>
<td>14.3</td>
<td>7.1</td>
<td>4.3**</td>
</tr>
<tr>
<td></td>
<td>Medical</td>
<td>8.5</td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>HADSTotal</td>
<td>Psychiatric</td>
<td>23.1</td>
<td>7.4</td>
<td>4.2**</td>
</tr>
<tr>
<td></td>
<td>Medical</td>
<td>18.2</td>
<td>4.2</td>
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</table>

Note: df= 98, **p<.01, *p<.05.

The t-test indicated that care givers of psychiatric patients were significantly high on HADS Total and on both subscales i.e., HADSDep, and HADAAnx. Conclusively, this test revealed that caregivers of psychiatric patients were experiencing significantly high levels of anxiety and depressive symptoms.

**DISCUSSION**

The present study aimed to compare the level of depression and anxiety among medical and psychiatric patient caregiver. The results indicated that caregivers of psychiatric patients scored significantly high on Anxiety, Depression, and total scale, as compared with the caregivers of medical patients. Depression and anxiety are the psychological problems which can be a result of stress faced by caregivers of patients in process of care giving. The results indicated that caregivers of psychiatric patients have more depression and anxiety as compared with medical patient caregiver thus supporting the study hypothesis. This finding can be supported through findings of previous researches that the caregiver burden in families of psychiatric clients is statistically higher than that of the caregiver of the other medical illness 5, 13.

The possible reason of this is stigma related to psychiatric disorders and also the fact that chronic psychiatric patients may develop number of physical problems also. Caregiver burden for psychiatric illness patient show more burden than caregivers of chronic medical illness may be due to the socially bizarre and inappropriate behaviors manifestation of the psychiatric disorders and sometimes patients’ paranoid attitude towards care givers 13. The varied mood swings, disturbed sleep pattern, aggressive and violent outbursts are some other aspect of illness that may be a cause of increased burden of care giving 13.

Conclusively, current research findings are in line with previous studies reflecting the need to address the symptoms of stress like anxiety and depression among caregivers specifically of psychiatric patients.

**LIMITATIONS AND SUGGESTIONS**

1. The data should be increased to get more generalized results.
2. The demographic characteristics of sample should be compared.
3. The other aspects of stress associated with care giver burden should also be addressed.
FUTURE IMPLICATIONS

The study has tried to investigate a comparatively ignored area because there is paucity of research in comparing care giver burden and associated psychological problems among caregivers of psychiatric and medical patients. Hopefully, this research will let other researchers to put efforts in this field by comparing care giver burden among caregivers of different physical and mental disorder patients and also planning and conducting diverse counseling and management programs for care givers.

REFERENCES